



PROJECT MANAGEMENT SERVICE
REQUEST FORM

Mail or FAX form to: Franchise Business Activity
10127 Morocco, Suite 182
San Antonio, TX 78216-3947

Phone: (210) 308-4522
Fax: (210) 308-4511
Website: *fba.satx.disa.mil*

1. Request Date: _____

2. FBA Contract Number: _____

3. FBA Task Order Number (Assigned by FBA): _____

4. Task Type? Fixed Price (for product) Level of Effort (for service) _____

5. Requesting Agency

Name:

Address:

Phone Number:

6. Agency Project Officer

Name:

Mailing Address:

Phone Number:

Fax Number:

7. Place of performance, if different than above:

8. Introduction and Scope of Project:

9. Description of Requirements (Technical Tasks):

10. Other Direct Charges (ODCs)

Estimated Travel Requirements:

ODCs (Please Specify):

11. Deliverables:

Reports:

Schedule:

12. Government Furnished Property/Equipment (Please specify the equipment and materials the Government will provide for completion of this task):

a. Government Furnished Information

b. Government Furnished Material

c. Government Furnished Equipment

13 Period of Performance: _____ through _____

14 **Approving Official** _____
Name: _____
Title: _____
Date: _____